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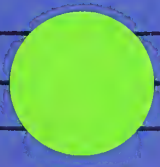

Guidelines

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE ■ SOCIAL and REHABILITATION SERVICE ■ Medical Services Administration

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL AND REHABILITATION SERVICE
WASHINGTON, D. C. 20201

PROGRAM REGULATION GUIDE
MSA-PRG-21
June 28, 1972

TO: STATE AGENCIES ADMINISTERING APPROVED MEDICAL ASSISTANCE PLANS

SUBJECT: Medical Assistance Manual: Services and Payment in Medical Assistance Programs - Amount, Duration and Scope of Medical Assistance - Early and Periodic Screening, Diagnosis, and Treatment

RELATED REGULATION: SRS PR 40-11(C-4), 45 CFR 249.10(a)(3) and (b)(4)(ii), Early and Periodic Screening, Diagnosis, and Treatment of Eligible Individuals Under Age 21

CONTENT: This material provides guidelines on the regulation pertaining to the requirement for early health care for young Medicaid recipients.

EFFECTIVE DATE: The requirements were effective February 7, 1972

SUPERSEDED: Interim Program Regulation Guide, MSA-PRG-13, December 22, 1971.

MAINTENANCE INSTRUCTIONS:

1. Remove MSA-PRG-13 (Interim) from Part 5 of the Medical Assistance Manual.
2. Insert the attached pages in Part 5 of the Medical Assistance Manual.
3. Post receipt of PRG

INQUIRIES TO: SRS Regional Commissioners.

Thomas Langhlyn
Acting Commissioner
Medical Services Administration

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Part 5. Services and Payment in Medical Assistance Programs

5-70-00 Early and Periodic Screening, Diagnosis, and Treatment of Eligible Individuals Under Age 21

5-70-10 Legal Background and Authority

A. Title XIX of the Social Security Act, as amended, Section 1905(a)(4)(B).

B. 45 CFR 249.10(a)(3) and (b)(4)(ii); 36 F.R. 21409, November 9, 1971 (See Appendix A for text).

C. SRS Program Regulation 40-11(C-4), dated November 9, 1971.

5-70-20 Implementation

A. Introduction

The 1967 amendments to title XIX of the Social Security Act added a requirement to Medicaid that was intended to direct attention to the importance of preventive health services and early detection and treatment of disease in children eligible for medical assistance. This corresponded to a similar amendment to title V of the Act. Through this amendment Congress intended to require States to take aggressive steps to screen, diagnose and treat children with health problems. Congress was concerned about the variations from State to State in the rates of children treated for handicapping conditions and health problems that could lead to chronic illness and disability. Senate and House Committee reports emphasized the need for extending outreach efforts to create awareness of existing health care services, to stimulate the use of these services, and to make services available so that young people can receive medical care before health problems become chronic and irreversible damage occurs.

Although health assessment may be carried out by an individual practitioner in solo practice, the complexities of physical and mental health problems and the rapid expansion of medical and psychological knowledge and technology usually will require the efforts of several health specialists working closely together if a complete evaluation of an individual's health status is to be accomplished. For the most effective implementation

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5-70-20 A. Introduction (Continued)

of the regulation, comprehensive screening services with provision for continuity of care through diagnosis and treatment are necessary. The State agency should encourage and work toward the development, on a State-wide basis, of screening and diagnostic services so that young people who are eligible for Medicaid services will have access to a coordinated, integrated evaluation process and health care system.

Where such integrated programs do not presently exist, the Medicaid agency should enlist the help of the professional health associations, individual practitioners, medical and dental schools and institutions that train other health practitioners, and the many official and voluntary health agencies in the State to provide the services needed to carry out the program. The efforts of all of these groups, and others, will be urgently needed if the goals of early casefinding and diagnosis, as well as prompt and effective treatment, are to be realized.

Implementation of the regulation will necessitate an examination of the extent of the screening services needed by the young Medicaid population. Within any given population, individuals will differ greatly in their need for health care and medical services. Among children, some may never have seen a physician, and no assessment has been made of their state of health. These children should be drawn into a screening process to be followed by diagnosis and treatment, as necessary. Other children have apparent or obvious health problems but are not receiving treatment. They may need more definitive diagnostic studies and subsequent treatment, but screening might be unnecessary. Other young Medicaid recipients may already be receiving preventive and health assessment services in child health clinics or may be under the care of health practitioners. For this group it may be necessary only to make certain that an assessment of their complete health status has been made, and they are receiving the needed care.

Within the context of this regulation, the words, screening, diagnosis, treatment, early and periodic are defined as follows:

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5-70-20 A. Introduction (Continued)

1. Screening is the use of quick, simple procedures carried out among large groups of people to sort out apparently well persons from those who have a disease or abnormality and to identify those in need of more definitive study of their physical or mental problems.

2. Diagnosis is the determination of the nature or cause of physical or mental disease or abnormality through the combined use of health history, physical, developmental and psychological examination, and laboratory tests and X-rays. Although, in some instances, a presumptive diagnosis may be made at the time of screening, it will usually be necessary to refer the patient to the appropriate practitioner or medical facility for definitive evaluation.

3. Treatment means physician's or dentist's services, optometrist's or audiologist's services, hospital services (inpatient and outpatient), clinic services (both comprehensive health services centers and specialized clinics); laboratory and X-ray services; prescribed drugs, eyeglasses, hearing aids, prosthetic and orthotic devices; physical therapy, occupational therapy, speech pathology and audiology services; rehabilitative services; and any other type of medical care and services recognized under State law, to prevent, correct or ameliorate disease or abnormalities detected by screening and diagnostic procedures.

4. Early means, in case of a family already receiving assistance, as early as possible in the child's life; or as soon as a family's eligibility for assistance has been established.

5. Periodic means at intervals established for screening by medical, dental and other health care experts at appropriate periods of time to assure that disease or disability is not incipient or present. Some procedures should be done annually, some every two or more years, and the frequency of others will depend on the child's age. Health experts in the State should be consulted for assistance in establishing periodicity.

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5-70-20 B. Summary of Basic Provisions

This section describes briefly the major provisions of the EPSDT* regulation and is followed by a more detailed discussion of some aspects of the program.

1. Under this regulation, a State agency must provide for an assessment of an individual's physical and mental health. The State agency, through consultation with health experts, should determine the specif: health evaluation procedures to be used and the mechanisms needed to carry out the screening program.

   At a minimum, screening should include: a health and developmental history (physical and mental); an assessment of physical growth; developmental assessment; inspection for obvious physical defects; ear, nose, mouth and throat inspection (including inspection of teeth and gums); screening tests for cardiac abnormalities, anemia, sickle dell trait, lead poisoning, tuberculosis, diabetes, infections and other urinary tract conditions; and assessment of nutritional status and immunization status. An assessment of this nature is necessary to identify individuals with potential or apparent physical or mental health and development problems requiring diagnosis and, possibly, treatment. Further discussion of screening will be found in Section E7.

2.. The State agency must provide for diagnostic services for individuals found, through the screening process, to be in need of further diagnostic study.

3. The State agency must provide any treatment within the amount, duration, and scope of its State plan, needed by an individual who has received screening or diagnostic services. In addition, if the State plan does not otherwise include eyeglasses, hearing aids, other treatment for visual and hearing defects, and dental services as described under G1 of these guidelines, such services must be made available to individuals eligible for EPSDT services.

*For brevity, the letters EPSDT will be used hereafter in the guidelines to designate "early and periodic screening, diagnosis, and treatment."

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5-70-00 Early and Periodic Screening, Diagnosis, and Treatment of Eligible Individuals Under Age 21

5-70-20 B. Summary of Basic Provisions (Continued)

4. All States have been required to provide EPSDT since February 7, 1972.

5. The program must include all eligible individuals under age 21, but a State may implement the regulation by starting with children under six years, as a minimum, provided that it has submitted a plan to the Regional Office for phasing-in other age groups and by June 1, 1973 is offering EPSDT services to all Medicaid eligibles under 21. "Phasing-in" applies only to age groups; services may not be added one or two at a time under this requirement since the purpose of EPSDT is to evaluate and treat the whole child.

6. The State agency must have an outreach program to inform AFDC families and other eligible individuals about the screening program and to encourage them to take advantage of this service. Trained indigenous workers often are most strategically located to reach families and to inform them about the program.

7. The State agency must seek out and develop agreements with facilities and practitioners throughout the State that can provide screening and diagnostic services for early casefinding purposes. To the extent they are available, existing programs for early casefinding should be used. When screening and diagnostic services throughout the State are insufficient to meet the needs of the Medicaid program, the development of additional centers should be encouraged. This will require contacts with such groups as medical and dental societies, other practitioner organizations, medical schools, State and regional or local health departments, programs for mothers and children under title V of the Social Security Act, OEO neighborhood health centers, developmental disability agencies, university affiliated facilities, day care centers, school health programs, rehabilitation agencies and voluntary health programs.

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5-70-00 Early and Periodic Screening, Diagnosis, and Treatment of Eligible Individuals Under Age 21

5-70-20 B. Summary of Basic Provisions (Continued)

8. Procedures should be established to facilitate reporting of findings and referral from the screening center. Effective referral and follow-up mechanisms will require a close working relationship among the provider of screening services, the State agency and the local welfare department. Prompt transmittal of the results of the screening procedures is necessary so that diagnostic studies and treatment can be instituted without delay. Children found, during the screening process, to need immediate medical attention should be referred promptly.

9. EPSDT represents an exception to the requirement for comparability of services under title XIX. A State may provide EPSDT services for individuals under 21 years of age without providing similar services for those over 21.

10. Payment, where appropriate, for screening, diagnostic, and treatment services should be made in accordance with Federal regulations pertaining to payment for services provided under the Medicaid program. Further discussion of payment for services provided under the auspices of other agencies is in Section H2 of these guidelines.

11. The State agency may impose utilization controls on the use of the EPSDT program and on expenditures under the program so long as the controls do not prevent an eligible individual from having access to the minimum provisions of the EPSDT effort.

12. A required monthly reporting form has been developed by which the State agency will submit to SRS summary data on early and periodic screening, diagnosis, and treatment provided during the report month, including the following information:

    number of children screened; number of children referred for diagnosis and/or treatment of eye problems, hearing deficiencies, dental problems, sickle cell anemia, lead poisoning, and "all other" conditions.

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5-70-20 B. Summary of Basic Provisions (Continued)

These data are to be provided for two distinguishable groups of children--those under 6, and those 6-21. Data systems should be established to enable response to additional data requests concerning referral for diagnosis and/or treatment of various conditions as may be specified by the Social and Rehabilitation Service from time to time. However, as a minimum it is expected that records will be kept which distinguish referrals on the basis of the six classifications listed above. In establishing its record system, each State should seek to meet two major objectives:

a. development of records which will establish a health care history for each child which details screening tests provided, conditions uncovered, results of diagnosis, and services rendered (by condition) so that costly and unnecessary repetition of screening and diagnostic procedures will not occur, and appropriate medical treatment will be facilitated; and

b. development of a data base which will allow for detailed analysis of the costs and benefits of the screening program in terms of: cost of screening, conditions uncovered, treatment received (by condition), cost of treatment, and treatment needed but not available under the State plan.

To meet these objectives, establishment of an individual health record on each child is necessary. It is expected that SRS will require, on an annual basis, for a sample of children covered under the program, this detailed information in order to establish baseline data on the health needs of low-income children, and to evaluate the costs and effects of the program.

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5-70-00 Early and Periodic Screening, Diagnosis, and Treatment of Eligible Individuals Under Age 21

5-70-20 B. Summary of Basic Provisions (Continued)

13. The State agency should publicize the EPSDT program in a variety of ways to reach eligible and potentially eligible individuals and casefinders such as caseworkers, public health nurses, teachers, pharmacists and community groups attached to churches, schools, health and recreation centers, etc. All media such as posters, flyers, pamphlets, radio, TV and newspaper announcements should be used. Information should be given about whom the program is intended to serve, its goals, and specifics about where to go and what to do to have a child screened. The messages should be simple, clear and free of administrative jargon. In areas in which English is not the first language spoken in low-income homes, bilingual announcements should be made.

C. Coverage

1. The EPSDT requirement applies to all individuals under 21 (or initially, under 6 years of age) who are determined to be eligible for Medical Assistance. This includes recipients of financial assistance - AFDC, AB, and APTD.

2. If the State plan includes the following classifications of eligibles, these individuals must be included in the EPSDT program: (a) children in foster homes or in private institutions for whom public agencies are responsible in whole or in part; (b) children in unemployed father families; (c) all financially eligible individuals under 21, without regard to categorical relationship; and (d) children in families that would be eligible as AFDC families, but who have not applied for assistance.

3. If the State plan includes services under 1905(a)(4) for medically needy individuals, such individuals must also be included in the EPSDT program. The State has the option of beginning with medically needy children under age six if it is unable from the outset to make the services available to all medically needy persons under 21.

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5-70-00 Early and Periodic Screening, Diagnosis, and Treatment of Eligible Individuals Under Age 21

5-70-20 D. Case Finding

1. To actively seek out eligible individuals for the EPSDT program, the State agency should develop procedures: (a) to inform parents that these services are available for their children, and when and where they are provided; (b) to make sure that they understand the nature and purpose of the screening program; (c) to enlist the help of other community agencies in casefinding activities; and (d) to assure that families are helped, if they need such assistance, to obtain transportation to the screening center and for diagnostic studies and treatment. The title XIX agency must assure the provision of transportation when necessary.

2. The primary targets for these outreach efforts are individuals under 21 in families who are applying, and have been determined eligible, for public assistance or medical assistance and the same age group in families presently receiving such assistance.

3. A variety of outreach methods should be used primarily at the local level in the community close to the people the program is trying to reach.

   Bilingual materials and interpreters should be used as indicated by the population served. Among the outreach mechanisms that can be used are:

   a. Where group intake meetings are held, availability of EPSDT services should be stressed. This can be a brief explanation, essentially to alert applicants, because these sessions must cover much material and applicants usually have more overriding concerns at this point of intake.

   b. A written, simple explanation of the EPSDT program should be sent out to each family as soon as possible after eligibility has been established.

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5-70-00 Early and Periodic Screening, Diagnosis, and Treatment of Eligible Individuals Under Age 21

5-70-20 D. Case Finding (Continued)

c. Similar interpretation should be given to families presently receiving public assistance. There should be a variety of opportunities for contact with them. These include a written explanation of the EPSDT program sent with the monthly check, an explanation of the services by the eligibility worker when reestablishing eligibility, discussion with the family by a caseworker who may be helping the family with other problems, or a visit by an outreach worker from the county welfare department, health department or other community agencies cooperating in the EPSDT program.

d. Families should be told that if they have questions about the screening program, they can seek further information from the public assistance worker, the medical assistance unit, case aides employed by the welfare agency, health department or OEO, or from a caseworker in the service programs. The State agency should assure that arrangements are made for assistance to families on a local level in obtaining and using services under the EPSDT program. Some families will need help: (1) in understanding the importance of preventive health services and early diagnosis and treatment, (2) in overcoming their fears of doctors and other aspects of medical care, (3) in mobilizing themselves to make use of a health service for which they may feel no pressing need; and (4) in arranging for transportation, baby-sitting services or other services to enable parents to bring children to the screening center or to other providers of health services. Parents who are burdened with other family problems and financial stress may not be able to make much effort to seek screening examinations for their seemingly well children.

e. Consent of the child's parent or guardian should be obtained before screening or other health services are provided. In accordance with Section 1907 of the Social Security Act, no person eligible for services under title XIX may be compelled to undergo any medical screening, diagnosis or treatment if the person (or, in the case of a child, his parent or guardian) objects to such services on religious grounds.

Part 5. Services and Payment in Medical Assistance Programs

5-70-00 Early and Periodic Screening, Diagnosis, and Treatment of Eligible Individuals Under Age 21

5-70-20 E. Screening

1. Although screening should be performed under the supervision of a physician, dentist, optometrist, audiologist or other health care specialist, or with consultation from such persons, the carrying out of interviews, observations and tests that can constitute the screening process may not require their presence during screening. Nurses, trained health aides, laboratory technicians and trained volunteers can conduct the screening activity.

2. Screening, as defined in these guidelines (5-70-20-A), is intended to be carried out with large groups of individuals under 21 and is not generally a service provided on a one-to-one basis. There may be communities where the size of the Medicaid population under age 21 does not lend itself to a group screening approach. In these areas, health assessment on an individual basis or of small groups of children by a physician or nurse may be necessary to accomplish the objectives of the regulation.

3. The services of a broad spectrum of health personnel and facilities will be necessary if the eligible population is to be screened and diagnosed and if periodic screening is to be done at appropriate intervals. Programs or agencies that may be suited to provide health screening are State and local health departments, school health programs, Crippled Children's Services, Maternity and Infant Care projects, Children and Youth projects, Head Start and Health Start programs, neighborhood health centers under OEO or other auspices, and day care centers. Other participants to provide screening services may be found among clinics, hospitals, medical, dental and optometric schools, voluntary health agencies, developmental disability projects, prepaid health care plans and other groups of practitioners in a variety of HMO arrangements.

4. The screening process as a mechanism to maintain an individual in good health through early casefinding cannot be a "one shot" event if it is to be effective. Screening should be done periodically between birth and 21 years. Screening procedures should be repeated at intervals for

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5-70-00 Early and Periodic Screening, Diagnosis, and Treatment of Eligible Individuals Under Age 21

5-70-20 E. Screening (Continued)

at least certain tests if incipient disease or illness is to be found. Advice on intervals between screening tests should be sought from public health specialists and other medical and dental experts within the State. Other resources for such guidance will be found in the bibliography in Appendix B.

Although most tests should be repeated at intervals, some procedures will need to be done only one time or will be limited to an age group. For example, properly done screening for sickle cell trait will need to be done only one time for Negro children, while all children, especially those living in old delapidated buildings or in urban or rural slums, should be screened periodically for lead poisoning between one and six years of age. For children over six years lead poisoning screening needs to be done only when medically indicated.

5. Principles related to confidentiality of information must be observed in the EPSDT program, and reports of the screening results and of other health services provided should not be made available to individuals outside the screening program or the title XIX agency without the consent of the parent, guardian or, if appropriate, the person between 16 and 21 years of age who has received screening or other health services.

When screening services are provided in schools and in other settings serving children from public assistance families and from families not on public assistance, careful procedures should be observed so that individuals eligible for Medicaid are not singled out and publicly identified as recipients of Medical Assistance.

6. It is desirable that a parent or other responsible adult accompany the child to the screening center, but when this is not possible or practical, arrangements should be worked out by the title XIX agency, the screening center, and a follow-up worker (social worker, health aide, neighborhood worker, etc.) to discuss the results in a visit to the home or in contacts with the family elsewhere.

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5-70-00 Early and Periodic Screening, Diagnosis, and Treatment of Eligible Individuals Under Age 21

5-70-20 E. Screening (Continued)

7. It is recommended that the elements described below be included as the minimum content of this program to prevent disease, chronic illness and disability and to detect incipient physical and mental health problems. In planning for inclusion of these procedures, appropriate professional consultation should be utilized.

(NOTE: In the interest of possibly mandating a minimum package of screening procedures, SRS is conducting further consultation with authorities in the field of child health. If this consultation leads to the conclusion that such mandating is supportable according to substantial professional judgment, an appropriate revision of these guidelines will be issued. Until such time, however, the elements described below should be regarded as the minimum recommended components of a screening program.)

a. History. Obtain an adequate health and developmental history (e.g. a check-sheet) from the parent or other responsible adult who is familiar with the child's health history. This could be done at the time of the screening visit or prior to the screening appointment through a form sent to the parent for completion. In some situations, a home visit by the public health nurse, caseworker or health aide may be necessary to re-emphasize the importance of bringing the child in for screening and to help the parent complete the health history sheet. Some parents will be able to provide the information with minimal or no assistance. Others will need considerable help in providing data that are adequate to determine if a child has health problems. Such information is essential to the screening procedure. In addition, pertinent social information provided by the caseworker or eligibility worker should be made available to the screening center staff.

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5-70-20 E. Screening (Continued)

b. Physical Growth. Record the child's height and weight and compare his measurements with those considered normal for children of his age. In the first two or three years of life, head circumference measurements are important. A graphic recording sheet should be used to chart height and weight.

c. Developmental Assessment. Information from the parent or other person who has knowledge of the child's development, observation of the child, and talking with the child can all be useful in assessing the individual's development. A test such as the Denver Developmental test can also be used for this purpose. This part of the screening procedure should include assessment of eye-hand coordination, gross motor function (walking, hopping, climbing), fine motor skills (use of hands, fingers), speech development, self-help skills (dressing, eating, personal care), and behavioral development.

d. Unclothed Physical Inspection. Check for obvious physical defects including orthopedic disorders, hernia, skin disease, genital abnormalities, and other deviations that are readily observable. Physical inspection includes a heart examination. It could be accomplished through an examination with a stethoscope or a cardiac scan, along with observation of the child's color and history of difficulty in breathing.

e. Ear, Nose, Mouth and Throat Inspection. Inspect the ears, nose, mouth and throat for evidence of obstructions or pathological conditions and for general assessment of child's dental condition. Extensive dental screening is unnecessary since almost all children have some dental problems and definitive dental diagnosis and treatment will usually be necessary. This inspection, however, will provide an opportunity to observe the individual's teeth and gums.

Part 5. Services and Payment in Medical Assistance Programs

5-70-00 Early and Periodic Screening, Diagnosis, and Treatment of Eligible Individuals Under Age 21

5-70-20 E. Screening (Continued)

f. Vision Testing. Administer a vision screening test appropriate to the child's age. Consultation by ophthalmologists and optometrists can be of help in determining the type of tests to be used and the criteria for determining when a child should be referred for diagnostic examination.

g. Hearing Testing. Administer a hearing screening test appropriate to the child's age. Consultation on suitable tests for screening and on methods of administering the tests should be obtained from audiologists or from State health or education departments.

h. Anemia Test. The most easily administered test for anemia is a microhematocrit determination from venous blood or a finger-stick. This should be done on all children or, if possible, a hemoglobin concentration which will give a more accurate determination of anemia should be done.

i. Sickle Cell Test. Check all Negro children for sickle cell trait. This may be done with a sickle cell preparation or a hemoglobin solubility test. If a child has been properly tested once for sickle cell disease, he does not have to be tested again.

j. Tuberculin Test. Give a tuberculin test to every child who has not had one within one year.

k. Urine Screening. Carry out a rapid urine screening on all children for the presence of sugar, albumin and bacteria.

l. Lead Poisoning Screening. It is not possible to identify which children may have had undue exposure to lead-based paint and other sources of lead poisoning, except by determination of blood-lead levels. Therefore, all children between the ages of 1-6 should be periodically screened for lead poisoning. Children 6 and over should

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5-70-00 Early and Periodic Screening, Diagnosis, and Treatment of Eligible Individuals Under Age 21

5-70-20 E. Screening (Continued)

be screened when medically indicated. The principal source of childhood lead poisoning is lead-based paint, but pollution of the environment from such things as burning lead batteries and repeated exposure to fall-out particles of lead that get into the soil and are ingested by a child may also result in lead poisoning. Early identification and prompt treatment of symptomatic and asymptomatic (over 80 mg/100 milliliters of whole blood) cases can prevent the serious sequelae of lead poisoning, such as mental impairment, mental retardation and involvement of the central nervous system. Venous or capillary blood samples may be used, depending on local laboratory facilities.

m. Nutritional Status. Physical and laboratory determinations carried out in the screening process will usually yield information useful in assessing nutritional status. Of particular importance are measurements of height, weight, head circumference and hemoglobin concentration or hematocrit. A child having any detectable nutritional deficiencies should be referred to a nutritionist or public health nurse for consultation.

n. Immunization Status. The screening program presents an excellent opportunity to ascertain a child's immunization status, a major tool in preventing disease and disability. During the screening process, assess the child's immunization status; i.e., whether he has been immunized against diphtheria, pertussis, tetanus, polio, measles, rubella, and mumps, and whether he is in need of booster shots. When it is available, the child's immunization record should be brought to the screening center. If immunization or updating of immunization is needed, provide the immunization or updating at the screening center or make sure it is done through the facility or provider to whom the child goes for child health supervision.

Part 5. Services and Payment in Medical Assistance Programs

5-70-00 Early and Periodic Screening, Diagnosis, and Treatment of Eligible Individuals Under Age 21

5-70-20 E. Screening (Continued)

8. In addition to the basic screening procedures described in section E7 above, there are several other screening tests that should be considered. Their appropriateness will be determined by the individual's age, sex, health history, clinical symptoms and exposure to disease. Among the procedures that could be included in the screening process are a cardiac scan (if not done in the course of physical inspection), chest x-ray, blood pressure, pinworm slide, urine culture (for girls), serological test, drug dependency screening, and stool specimen for parasites, ova and blood. When it is required for admission to school, a child should have a smallpox vaccination.

9. Because the AFDC caseload is an ever-changing one and families have varying periods of eligibility for AFDC, many AFDC children will not be eligible for continuous health supervision under the Medicaid program. The periodicity and continuity of screening will be affected by the individual's eligibility for the title XIX program if the screening center is only used for Medicaid recipients. The screening cycle may be interrupted by the family's loss of eligibility for assistance. It is essential that this factor be considered in establishing a screening program and, when feasible, to provide the screening service through a program where continuity of care is possible. For example, such continuity could be achieved through child health clinics in local health departments if they serve children up to age six, Children and Youth projects, Maternity and Infant Care projects (if the child continues into a Children and Youth project), a Head Start program, or a school health program.

10. Although the regulation is intended to include all eligible individuals under 21, States whose fiscal problems or limited medical resources make it impossible initially to serve the entire age range up to 21 may begin with those under six years. These States must describe, in the State plan amendment provided for EPSDT, the schedule for phasing in such services by age groups. If a State has to phase in an EPSDT program, it is encouraged to phase in

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5-70-00 Early and Periodic Screening, Diagnosis, and Treatment of Eligible Individuals Under Age 21

5-70-20 E. Screening (Continued)

gradually by extending the services to other age groupings within the under 21 population so that by 7-1-73, the services will be available to all those under 21 years. For example, additional age segments (6-12, 12-18, 18-21) could be added at three-month intervals. The State agency may determine the size and sequence of age groups six years and over, in accordance with the particular needs of young people in the State. If a State has good health coverage for elementary school children, it might wish to focus EPSDT, after screening the children under 6, on older individuals from 16 to 21. In any case, by July 1, 1973 the EPSDT program must be available to all eligible individuals under 21.

F. Diagnosis

1. When screening tests indicate the need for further evaluation of an individual's physical or mental health, diagnostic studies, as necessary, must be done. Referral for diagnosis should be made without delay, and there should be follow-up to make sure that the individual receives diagnostic evaluation.

2. Regardless of the limits of treatment under the State plan, every individual found to have a possible health problem should be referred for diagnosis. Until a diagnostic examination has been done and recommendations for treatment made, it may not be known whether such treatment is included under the State plan.

3. Diagnosis can be accomplished in several ways. The family may wish to have the child examined by the family physician or by another physician of its choice. Or the individual can be referred to a Maternity and Infant Care project, a Children and Youth project, Crippled Children's Services, a neighborhood health center, a comprehensive health services center, a rehabilitation center, a hospital out-patient department, or to any other practitioner or facility qualified to evaluate and diagnose a young person's health problems.

Part 5. Services and Payment in Medical Assistance Programs

5-70-00 Early and Periodic Screening, Diagnosis, and Treatment of Eligible Individuals Under Age 21

5-70-20 F. Diagnosis (Continued)

4. Unlike other health needs, dental problems are so prevalent that most individuals will need diagnostic evaluation and some treatment. The examination, diagnosis and treatment planning must be the responsibility of legally qualified dental practitioners and their auxiliary personnel.

5. Diagnosis can usually be accomplished on an out-patient basis, but some diagnostic procedures may require the use of in-patient facilities. Where in-patient services are necessary to complete the diagnosis, they should be provided as part of the diagnostic services.

6. In many cases when treatment is recommended, the necessary care can be covered within the amount, duration and scope of treatment available under the State plan. To assure that the individual receives necessary treatment, the Medical Assistance Unit should be informed of the recommendations resulting from the diagnostic study. Some families will need assistance in arranging for treatment even when it is included under the State plan. For treatment not available under the Medicaid program, referral help should be given to the family by the Medical Assistance Unit, the caseworker, public health nurse, health aide, or some other person who may be able to assist the family in finding treatment resources outside the Medicaid program. For AFDC families, such help is a specific requirement in the regulation related to "Service Programs for Families and Children," (45 CFR Section 220.24). For AB and APDT recipients, similar social services are available if a State elects to provide social services under those plans; "Service Programs for Aged, Blind, or Disabled Persons," (45 CFR Section 222.44). Joint planning by the title XIX agency and service agency should include assistance to families in following-up on recommendations and obtaining needed care.

G. Treatment

1. Treatment may be limited to the amount, duration, and scope of the State plan, except that even if not otherwise included in the State

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5-70-20 G. Treatment (Continued)

plan, eyeglasses, hearing aids, and other treatment for visual and hearing defects, and dental care to maintain dental health must be provided.

As a minimum, the dental services that must be provided include emergency services, preventive services and therapeutic services for dental disease which, if left untreated, may become acute dental problems or may cause irreversible damage to the teeth or supporting structures. Other therapeutic services for dental disease should be provided as rapidly as the availability of resources permits. Dental services include:

a. Emergency Services: Emergency dental care services are those necessary to control bleeding, relieve pain, eliminate acute infection; operative procedures which are required to prevent pulpal death and the imminent loss of teeth; treatment of injuries to the teeth or supporting structures (e.g., bone or soft tissues contiguous to the teeth); and palliative therapy for periocoronitis associated with impacted teeth. Routine restorative procedures and root canal therapy are not considered emergency procedures.*

b. Preventive Services: Preventive dental services include:

1. Instruction in self-care oral hygiene procedures (provided individually or in groups).

2. Oral prophylaxis (cleaning of teeth), necessary as a precursor to the application of dental caries preventives in areas where such applications are indicated (provided in groups or individually), or oral prophylaxis independent of the application of caries preventives for patients 10 years of age or older.

*Based on definition of emergency services approved by the Council on Dental Health of the American Dental Association.

Part 5. Services and Payment in Medical Assistance Programs

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5-70-20 Treatment (Continued)

c. Therapeutic Services: Therapeutic Services include:

1. Pulp therapy for permanent and primary teeth.

2. Restoration of carious (decayed) permanent and primary teeth with silver amalgam, silicate cement, plastic materials and stainless steel crowns.

3. Scaling and curettage.

4. Maintenance of space for posterior primary teeth lost prematurely.

5. Provision of removable prosthesis when masticatory function is impaired, or when existing prosthesis is unserviceable, or in instances when esthetic considerations interfere with employment or social development.

2. Limitations in State plans on the amount, duration, and scope of medical and remedial care and services may work at cross purposes with Congressional intent to provide health service to children and young people in their early years to give them optimum opportunity for full, productive lives, free from disabling conditions. It should be reemphasized, therefore, that this regulation makes it possible, regardless of State plan limits which are otherwise applicable, to provide to eligible individuals within the EPSDT age group any needed medical and remedial service that can be included under any provision of Section 1905(a) of the Social Security Act for individuals under the age of 21.

Federal financial participation is available to any State that elects to provide health services for the EPSDT group beyond the amount, duration, and scope limits of the State plan for individuals 21 years of age or older.

Part 5. Services and Payment in Medical Assistance Programs

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5-70-20 G. Treatment (Continued)

3. If a State provides services in added amount, duration and scope for individuals under age 21, it is not required to make the same services in the same amount and duration available to individuals over 21 years.

H. Interagency Cooperation

1. It is anticipated that the State agency will have to draw upon the resources of many health programs and providers to implement this regulation. As already indicated, programs such as Maternity and Infant Care projects, Children and Youth projects, Crippled Children's Services, developmental disabilities projects, child health clinics, Head Start, Health Start, neighborhood health centers under OEO or other auspices, school health programs and other health care programs have screening and diagnostic facilities and, in some instances, provide treatment.

2. Where appropriate, the State agency should pay for services provided through these and similar programs, just as it pays individual providers of service under its State plan, in accordance with the provisions of 45 CFR 250.30. In general, the title XIX agency should pay for any screening, diagnostic and treatment services provided to an individual within the amount, duration, and scope of the State plan, including those additional services required under the EPSDT regulation. Factors that will have a bearing on whether the services are paid for by title XIX funds include the administrative arrangements of the program that provides the services (e.g. whether a fee schedule has been established, whether such services are available to individuals in the community without charge, whether the clinic staff is paid on a salaried or fee-for-service basis, etc.); the problems in estimating the cost for an individual Medicaid recipient when the program provides care to many non-Medicaid patients; and the administrative complexities of determining costs when some items of treatment are included in a State title XIX program and others are not.

Part 5. Services and Payment in Medical Assistance Programs

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5-70-20 H. Interagency Cooperation (Continued)

3. Written interagency agreements between the State title XIX agency and providers of services under this regulation are essential as a mechanism to provide a clear, mutual understanding of areas of responsibility, services provided, referral arrangements, arrangements for payment, and other elements that contribute to smooth working relationships between agencies.

4. The interagency agreements should be developed in accordance with SRS Program Regulation 40-19; 45 CFR 251.10 - "Interrelations with State Health and State Vocational Rehabilitation Agencies and with title V Grantees." Further elaboration of this regulation will be issued as guidelines.

Part 249 of Chapter II of Title 45 of the Code of Federal Regulations is amended as follows:

1. Section 249.10(a) is revised by redesignating subparagraphs (3) - (9), inclusive, as subparagraphs (4) - (10), inclusive. Subparagraph (7) as herein redesignated is amended by striking out "subparagraph (5)" and inserting in lieu thereof "subparagraph (6)."

2. Section 249.10(a), as so revised, is further amended by adding subparagraph (3) to read as follows:

§249.10 Amount, duration, and scope of medical assistance.

(a) * * *

(3) In carrying out the requirements in subparagraphs (1) and (2) of this paragraph with respect to the item of care set forth in paragraph (b)(4)(ii) of this section, provide:

(i) for establishment of administrative mechanisms to identify available screening and diagnostic facilities, to assure that individuals under 21 years of age who are eligible for medical assistance may receive the services of such facilities, and to make available such services as may be included under the State plan;

(ii) for identification of those eligible individuals who are in need of medical or remedial care and services furnished

through title V grantees, and for assuring that such individuals are informed of such services and are referred to title V grantees for care and services, as appropriate;

(iii) for agreements to assure maximum utilization of existing screening, diagnostic, and treatment services provided by other public and voluntary agencies such as child health clinics, OEO Neighborhood Health Centers, day care centers, nursery schools, school health programs, family planning clinics, maternity clinics, and similar facilities;

(iv) that early and periodic screening and diagnosis to ascertain physical and mental defects, and treatment of conditions discovered within the limits of the State plan on the amount, duration and scope of care and services, will be available to all eligible individuals under 21 years of age; and that, in addition, eyeglasses, hearing aids, and other kinds of treatment for visual and hearing defects, and at least such dental care as is necessary for relief of pain and infection and for restoration of teeth and maintenance of dental health, will be available, whether or not otherwise included under the State

plan, subject, however, to such utilization controls as may be imposed by the State agency. If such screening, diagnosis, and such additional treatment are not available by the effective date of these regulations to all eligible individuals under 21 years of age, the State plan must provide that screening, diagnosis, and such additional treatment will be available to all eligible children under six years of age, and must specify the progressive stages by which screening, diagnosis, and such additional treatment will be available to all eligible individuals under 21 no later than July 1, 1973.

3. Section 249.10(b)(4)(ii) is revised to read as follows:

(b) * * *

(4)(ii) Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found. Early and periodic screening and diagnosis of individuals under the age of 21 who are eligible under the plan to ascertain their physical or mental defects, and health care, treatment, and other measures to correct or ameliorate defects and chronic conditions discovered thereby. Federal financial participation is available for any item of medical or remedial care and services included under this section for individuals under the age of 21. Such

care and services may be provided under the plan to individuals under the age of 21, even if such care and services are not provided, or are provided in lesser amount, duration or scope to individuals 21 years of age or older.

* * * * *

(Section 1102, 49 Stat. 647, 42 U.S.C. 1302)

Effective date: These regulations shall become effective 90 days following the date of publication in the Federal Register.

DATED: November 4, 1971

/s/ John W. Twiname
Administrator, Social and
Rehabilitation Service

APPROVED: November 4, 1971

/s/ Elliot L. Richardson
Secretary

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